ALABAMA BOARD OF NURSING

RSA Plaza, Suite 250, Washington Avenue
Montgomery, AL 36104
(334) 293-5201
www.abn.alabama.gov
abn@abn.alabama.gov

Logged in as:

Program Information

School Name:

Phone:

School Address:

City   State   Zip

Head of Program Information

Director: Title

Phone:

Email Address:

Institution Accreditation

Is your institution accredited? Choose an item.

If yes by what organization? Choose an item.

Accreditation Status: Click to enter.

Last Visit: Click to enter.   Next Visit: Click to enter.

Nursing Accreditation

Is your nursing education program accredited? Choose an item.

If yes by what organization? Choose an item.

Accreditation Status: Click to enter.

Last Reaffirmation Date: Click to enter.   Next Reaffirmation Date: Click to enter.

Campus Sites

Campus Name	Address	Director	Total Nursing Students
Click to enter.	Click to enter.	Click to enter.	Click to enter.
Click to enter.	Click to enter.	Click to enter.	Click to enter.
Click to enter.	Click to enter.	Click to enter.	Click to enter.

Nursing Program Faculty

Faculty who also Supervise Students in Clinical | **Faculty who DO NOT Supervise Students in Clinical**

PhD (nursing): Click to enter.   Click to enter.

EdD: Click to enter.   Click to enter.

DNP: Click to enter.   Click to enter.

MSN: Click to enter.   Click to enter.

MS-Related Field: Click to enter.   Click to enter.

Other doctoral degree: Click to enter.   Click to enter.

Totals: Totals:

Enter all types of other
doctoral degree(s) counted above:
(Enter None for none):   Click to enter.   Click to enter.

Nursing Program Clinical Supervisor

Clinical Supervisors

PhD (nursing): Click to enter.

EdD: Click to enter.

DNP: Click to enter.

BSN: Click to enter.

MSN: Click to enter.

MS-Related Field: Click to enter.

Totals:

Enter your ADN counts here (Enter None for none): Click to enter.

Ratios: Faculty/Clinical Supervisors to Students

Type of Activity	Minimum # of Students	Maximum # of Students	
Didactic / Classroom	Click to enter.	Click to enter.	Per 1 Faculty
Skills Lab	Click to enter.	Click to enter.	Per 1 Faculty/Clinical Supervisor
Simulation	Click to enter.	Click to enter.	Per 1 Faculty/Clinical Supervisor
Acute Care Clinical	Click to enter.	Click to enter.	Per 1 Faculty/Clinical Supervisor
Long Term Care	Click to enter.	Click to enter.	Per 1 Faculty/Clinical Supervisor

CONCEPT BASED CURRICULUM

Does your nursing education program utilize the ACCS Concept-Based Curriculum, have **both** an **active** NCLEX-PN® program code and an **active** NCLEX-RN® program code and allows student(s) the option to test for LPN after completion of the third semester? Choose an item.

Budget Allocations

How many Full Time Equivalents (FTEs) are allocated for your pre-licensure nursing education program by your parent institution?

_____ . _____

Additional Personnel

Number of Faculty Vacancies: Click to enter.
Number of Clinical Supervisor Vacancies: Click to enter.

Barriers for recruiting Faculty/Clinical Supervisors:
- ☐ Salary
- ☐ Benefits
- ☐ Qualifications
- ☐ Location
- ☐ Specialty Area
- ☐ Workload
- ☐ Budget Constraints

Nursing Student Enrollment

Entries are for NURSING courses only:

Students enrolled in 100 or 1000 numbered courses: Click to enter.
Students enrolled in 200 or 2000 numbered courses: Click to enter.
Students enrolled in 300 or 3000 numbered courses: Click to enter.
Students enrolled in 400 or 4000 numbered courses: Click to enter.

Number of Qualified Students that were admitted or could have been admitted to your Program but were unable to ENROLL during the reporting period: Click to enter.
Enter all reasons student(s) could NOT be admitted *due to PROGRAM issues*, not financial status of student(s):
- ☐ Lack of clinical sites
- ☐ Insufficient number of faculty
- ☐ Lack of classroom space
- ☐ Insufficient number of Clinical Supervisors (independent of facility)
- ☐ Budget Constraints
- ☐ Limits on enrollment
- ☐ Other: Click to enter.

Curriculum: Non-Nursing Courses Pre-Requisite & Co-Requisite

Course Number	Course Title	Total Credit Hours	Total Theory Clock/Contact Hours	Total Lab Clock/Contact Hours	Course Description
enter.	enter.	enter.	enter.	enter.	enter.
enter.	enter.	enter.	enter.	enter.	enter.

Curriculum: NURSING Courses

Course Number	Course Title	Total Credit Hours	Total Theory Clock/Contact Hours	Total Lab Clock/Contact Hours	Sim. Clock/Contact Hours	Direct Patient Clock/Contact Hours	Observation Clock/Contact Hours	Course Description
enter.	enter.	enter.	enter.	enter.	enter.	enter.	enter.	enter.
enter.	enter.	enter.	enter.	enter.	enter.	enter.	enter.	enter.

Curriculum Questions

1. Does your program utilize standardized testing and reference material content? Choose an item.

CLINICAL SITES OUTSIDE OF ALABAMA

Does your program utilize clinical sites outside the State of Alabama? Choose an item.

Graduation Rate

RN Graduation Rate (%): enter.

PN Graduation Rate (%): enter.

Method used to calculate RN graduation rate? enter.

Method used to calculate PN graduation rate? enter.

Job Placement Rate

RN Job Placement Rate (%): enter.

PN Job Placement Rate (%): enter.

Method used to calculate RN job placement rate?

enter.

Method used to calculate PN job placement rate?

enter.

Substantive Changes

Select all that:
- ☐ Parent Institution Administrator
- ☐ Nursing Program Administrator
- ☐ Governance Structure of Parent Institution
- ☐ Ownership or Merger of Parent Institution
- ☐ Accreditation Status of Parent Institution
- ☐ Accreditation Status of Nursing Education Program
- ☐ Nursing Education Program Name
- ☐ Relocation
- ☐ Curriculum Changes

Explanation: Click to enter.

For the entire reporting period for Fiscal Year 2019 (October 1, 2018 through September 30, 2019), my signature as the Program Director below affirms:

1. All nursing Faculty members have an active unencumbered Alabama registered nurse license.

2. All nursing Faculty have at least one graduate degree in nursing or health-related field.

3. The information contained in this Nursing Education Annual Report is true and accurate.

4. The faculty/student ratio during clinical experiences in licensed hospitals providing acute care was maintained at 1:8 or less.

5. The nursing program has written plan for systematic evaluation of the total program that is comprehensive, demonstrates ongoing evaluation, is based on program outcomes, and incorporates continuous improvement.

6. Opportunities are provided for students to regularly participate in the development, implementation and evaluation of the program.

7. Institutional and program policies are written, published and publicly available.

8. An incomplete report, inaccurate data in the report, or failing to submit the report as required may result in a deficiency for my nursing program and/or discipline for me as a program director/dean.

My electronic signature affixed below demonstrates my agreement with each of the above affirmations.

Signature of Program Director

Click to enter.

Title of Program Director

Click to enter.

Program Director Phone Number

Click to enter.

Email Address of Program Director

Click to enter.

Signature of person preparing report
if not the Program Director
Click to enter.

Title of Preparer

Click to enter.

Preparer's Email
Click to enter.

Preparer's Phone
Click to enter.